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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	14218US02
	First Inventor	Martin Lund
	Title	A METHOD AND SYSTEM TO PROVIDE PHYSICAL PORT SECURITY IN A DIGITAL COMMUNICATION SYSTEM
	Express Mail Label No.	EV 304937904 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>3</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

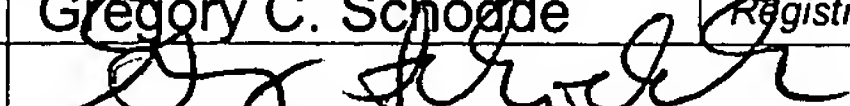
Examiner: _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **23446** OR ☐ Correspondence address below

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Address					
City	State	Zip Code			
Country	Telephone	(312) 775-8000	Fax	(312) 775-8100	
Name (Print/type)	Gregory C. Schodde		Registration No. (Attorney/Agent)	36,668	
Signature			Date	August 22, 2003	

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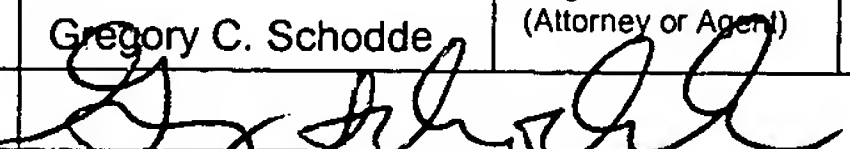


08/22/03

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FEE TRANSMITTAL for FY 2003 Patent Fees are subject to annual revision.		Complete if Known		
		Application Number	Unassigned	
		Filing Date	Herewith	
		First Named Inventor	Martin Lund	
		Examiner Name	Unassigned	
		Group Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT		(\$862.00	Attorney Docket No.	14218US02

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																										
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td style="width: 70%; text-align: center;">13-0017</td> </tr> <tr> <td>Deposit Account Name</td> <td style="text-align: center;">McAndrews Held & Malloy</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	Deposit Account Number	13-0017	Deposit Account Name	McAndrews Held & Malloy	<p>3. 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SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Gregory C. Schodde	Registration No. (Attorney or Agent)	36,668	Telephone	(312) 775-8000	
Signature				Date	August 22, 2003	

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